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AP#
1648
Docket No.: 20239-703

Certificate of Mailing/Transmittal (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: May 30, 2002

Name of Person Certifying: Nancy L. Hug
Printed Name: Nancy L. Hug

TECH CENTER 1600/2900

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Cardosa et al**

Assignee: **Bavarian Nordic**

Serial No.: **09/147,919**

Examiner: **M. Mosher**

Filing Date: **March 23, 1999**

Group Art Unit: **1648**

Title: **Recombinant MVA Virus Expressing Dengue Virus Antigens, and the Use Thereof in Vaccines**

Commissioner for Patents
Washington, D.C. 20231

**NOTICE OF APPEAL TO THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated November 30, 2001 of the Examiner rejecting claims 15-26, 29-31, and 33-38. The items checked below are appropriate.



Appeal Fee:



Large Entity Fee of \$320.00; or



Small Entity Fee of \$160.00.



Applicant(s) claim Small Entity Status under 37 CFR § 1.27.



Petition for Extension of Time (3 mos.)



Petition for Extension of Time Fee \$920.00.

06/18/2002 AWONDAFI 00000100 501189 091-7819

01 FC:119 320.00 CH

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- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☒ Return Postcard.
- ☒ Payment of Fees
- ☐ Enclosed is Check No. _____ in the amount of \$ _____.
- ☒ Please charge Deposit Account No. 50-1189, Docket No. 20239-0703 in the amount of \$1,240.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 20239-0703. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: _____

Carol M. Gruppi
Registration No.: 37,341

Dated: May 30, 2002

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